

CONGRESSIONAL YOUTH CABINET APPLICATION (please print)

Name	ne:		
Age: _	Grade:		
Schoo	ol:		
Home	ne Address:		
City: _	:	Zip:	
Email	il:		
Prefer	erred Telephone: ()		
Additi	tional Materials to be completed on se	eparate paper:	
1.	Why do you want to serve on the Senator's Congressional Youth Cabinet and what topics would you like to see discussed.		
2.	Provide a resume detailing your academic, extracurricular, work and community activities from your freshman year of high school to the present.		
3.	. Attach one letter of recommendation	on from a teacher, employer or member of an tell us why you would be a good candidate	
Signat	ature:	Date:	

Parent Signature:

Mail completed applications to: Office of Senator John Boozman Attn: Congressional Youth Cabinet 106 West Main Street, Suite 104, El Dorado, AR 71730